

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>HA</i>	<i>10391</i>	<i>7/5</i>
O.I.P.E. CLASSIFIER	<i>A</i>	<i>45</i>	<i>7/10</i>
FORMALITY REVIEW	<i>NH</i>	<i>617</i>	<i>10-5-00</i>
RESPONSE FORMALITY REVIEW	<i>MD</i>	<i>JCAR</i>	<i>05/14/01</i>

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final Original	
1	<i>6-5-03</i>
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions
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